

11-20-09

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/666,860	
	Filing Date	September 17, 2003	
	First Named Inventor	TSUKAMOTO, Hisashi et al.	
	Group Art Unit	1795	
	Examiner Name	Cynthia Lee	
Total Number of Pages in This Submission		Attorney Docket Number	Q137-US3

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized Amendment with Attachment After Final Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request – Two months Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks: _____		

Customer Number or Bar Code Label

31815


(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 11/18/2009

Phone: (818) 833-2003
Fax: (818) 833-2065

By: 
 Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
 In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this
 date: _____

Typed or printed name	TRAVIS DODD		
Signature		Date	



FEE TRANSMITTAL

Attorney Docket No.	Q137-US3
First Named Inventor:	TSUKAMOTO, Hisashi et al.
Application Number	10/666,860
Filing Date:	September 17, 2003
Examiner Name:	1795
Group/Art Unit:	Cynthia Lee

TOTAL AMOUNT OF PAYMENT:	\$ 515.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	16 - 20 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	1 - 3 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$390.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$220.00	\$110.00	\$0.00
Reissue filing fee	\$330.00	\$165.00	\$0.00
Provisional filing fee	\$220.00	\$110.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Notice of Appeal	\$	\$270.00	\$270.00
Two Month Extension of Time	\$	\$245.00	\$245.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$515.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	11/18/2009